

**COLLABORATIVE AGREEMENT**  
**2016-2017**

**By signing this agreement, you will be committing to participate in the support program developed by the Collaborative to Support Initially Licensed Professionals.**

**Name of School System:** \_\_\_\_\_

**Superintendent:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Representative to Advisory Committee:** \_\_\_\_\_

**Number of 1<sup>st</sup> year BTs** \_\_\_\_\_

**Number of 2<sup>nd</sup> year BTs** \_\_\_\_\_

**Total number of BTs Year 1 and Year 2** \_\_\_\_\_

**Rate of contribution formula-- \$750 (base) + (BTs X \$70)**

**Total contribution** = \_\_\_\_\_

(Involvement of 3<sup>rd</sup> year ILPs is on a needs basis as identified by the LEA.)

**Actual contribution calculated on September 1, 2016.**

**Payment due on September 15, 2016. Adjustments for revised number of ILTs to be made effective December 1, 2016 and due January 13, 2017.**

\_\_\_\_\_  
**Superintendent's Signature**

\_\_\_\_\_  
**Date**

**Make checks payable to Weldon City Schools (FedID: 56-6001132)**

**Please submit check  
and agreement form to:**

Ralph Evans, Director  
Collaborative to Support Initially Licensed Professionals  
P.O. Box 68  
Hollister, NC 27844